Fig. 1

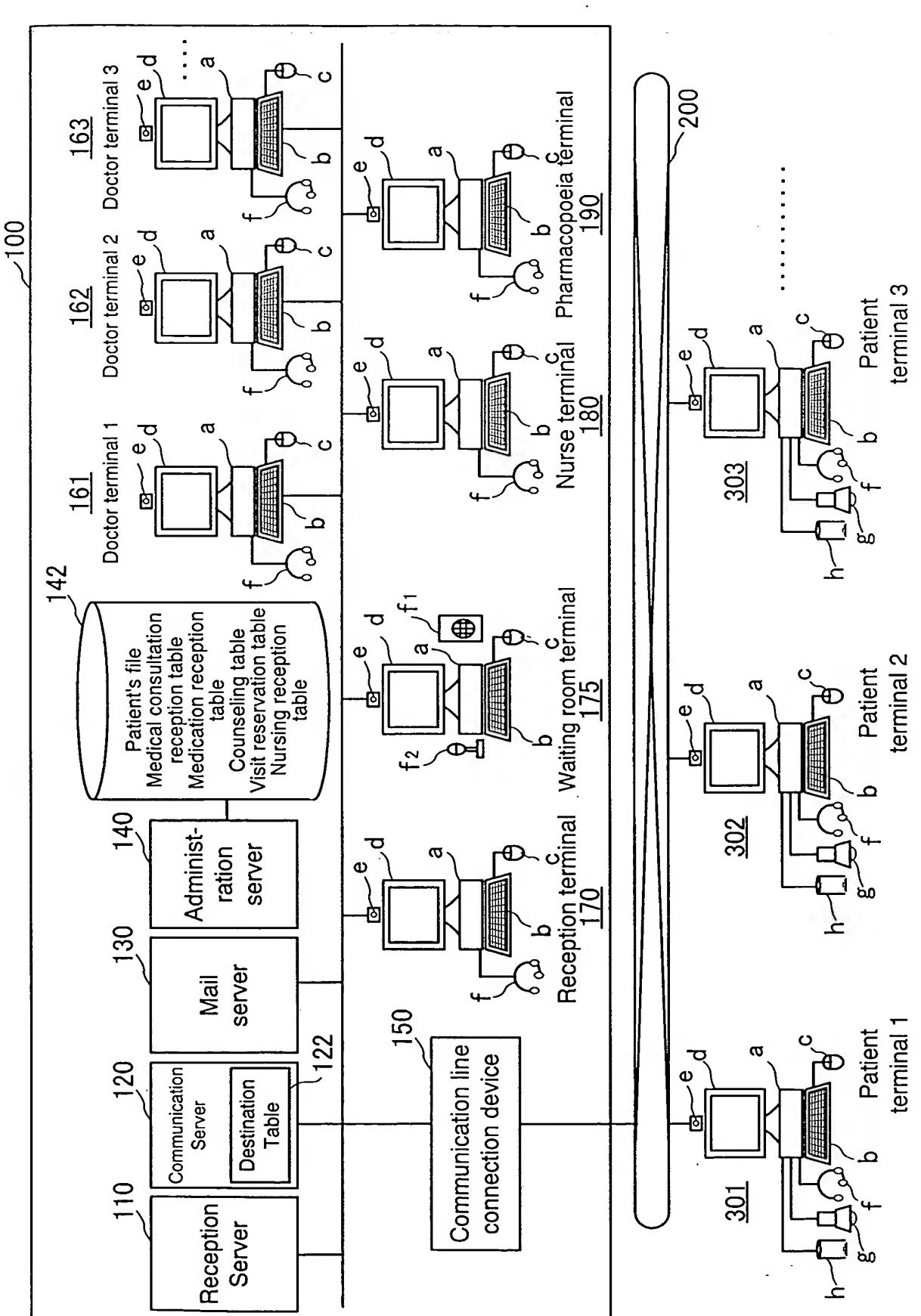


Fig. 2

(Patient terminal) rminal Address **4** (Patient terminal) (Doctor terminal) (Nurse terminal) (Waiting room (Reception terminal) terminal) (Patient terminal) Waiting room terminal 1) (N <u></u> terminal terminal terminal (Doctor (Doctor (Doctor Individual conversation room E Individual conversation room D Individual conversation room C Individual conversation room B 2 Nursing room 3 Individual conversation room A Waiting room Consultation Consultation Consultation Nursing room Nursing room connection room 1 room 2 room 3 Kind of

DESTINATION TABLE IN THE COMMUNICATION SERVER

Fig. 3

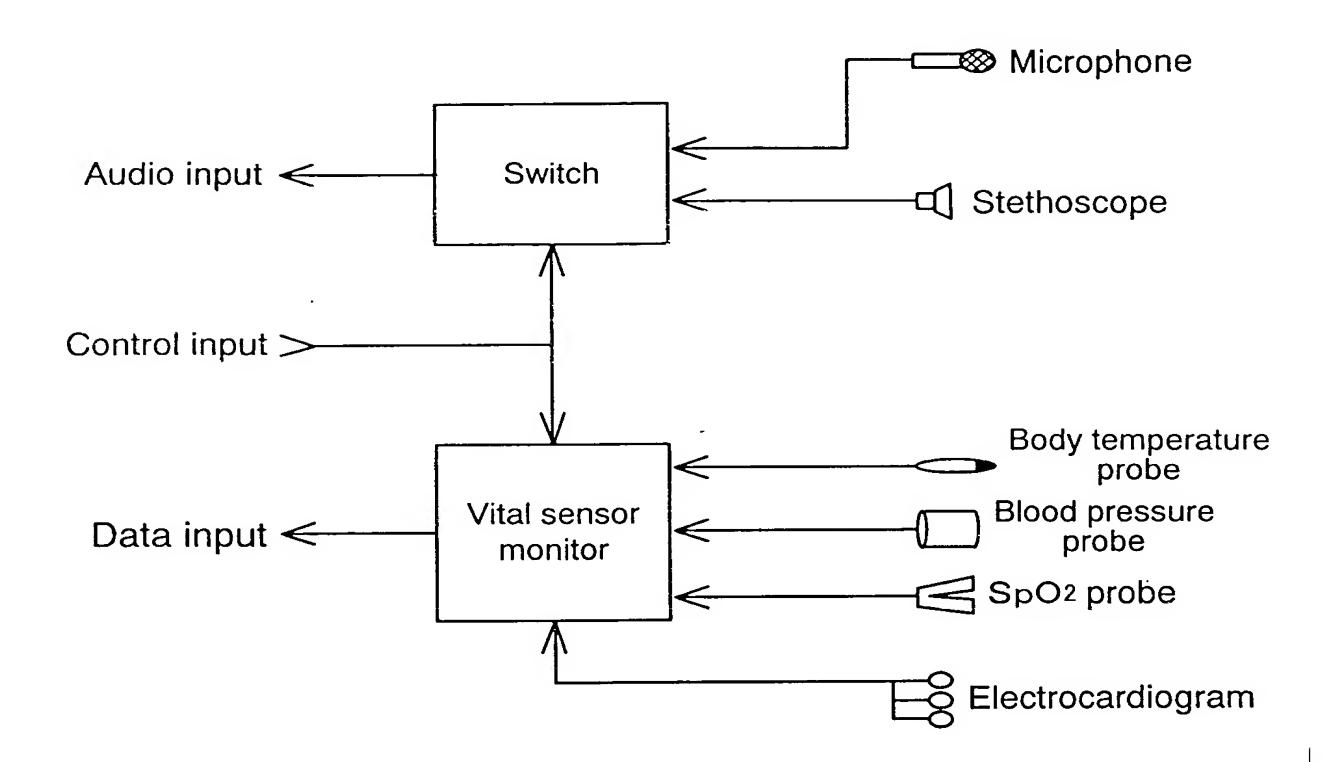


Fig. 4

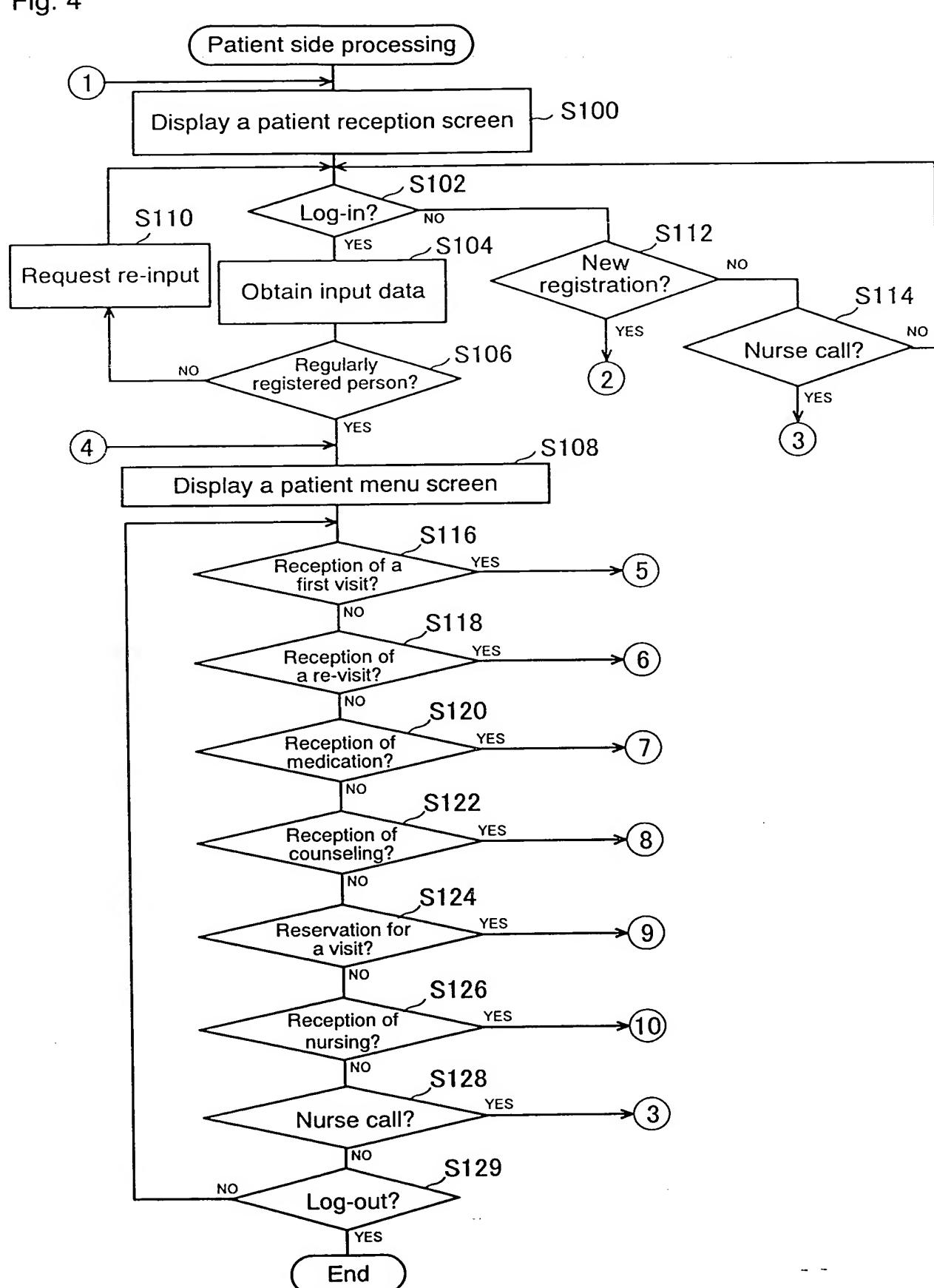


Fig. 5

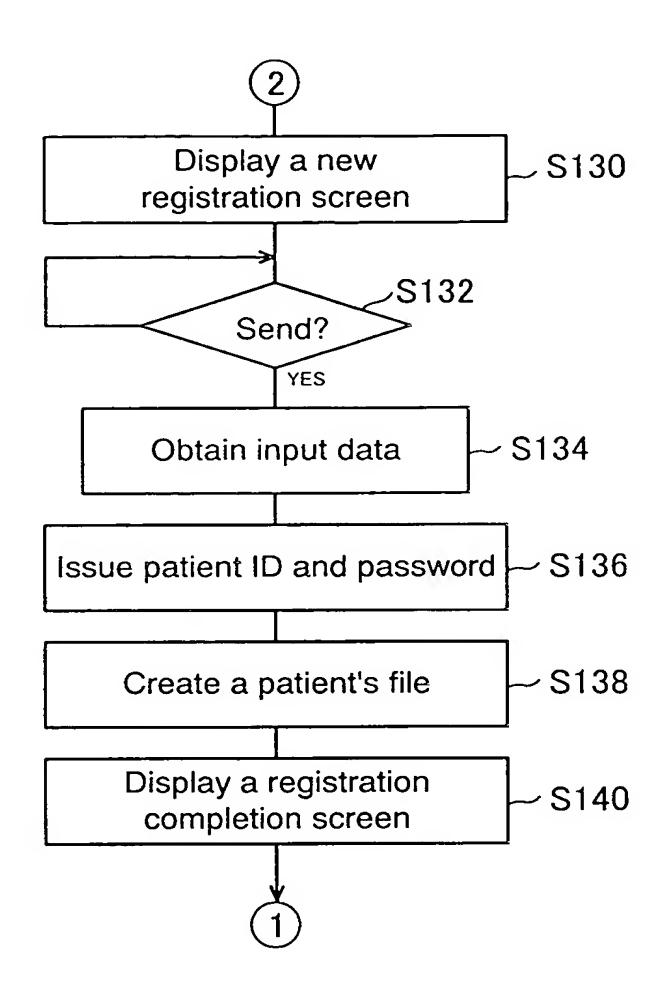


Fig. 6

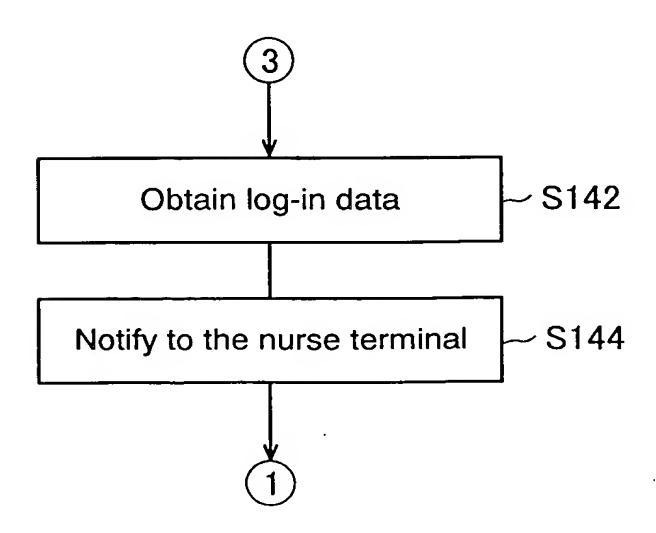


Fig. 7

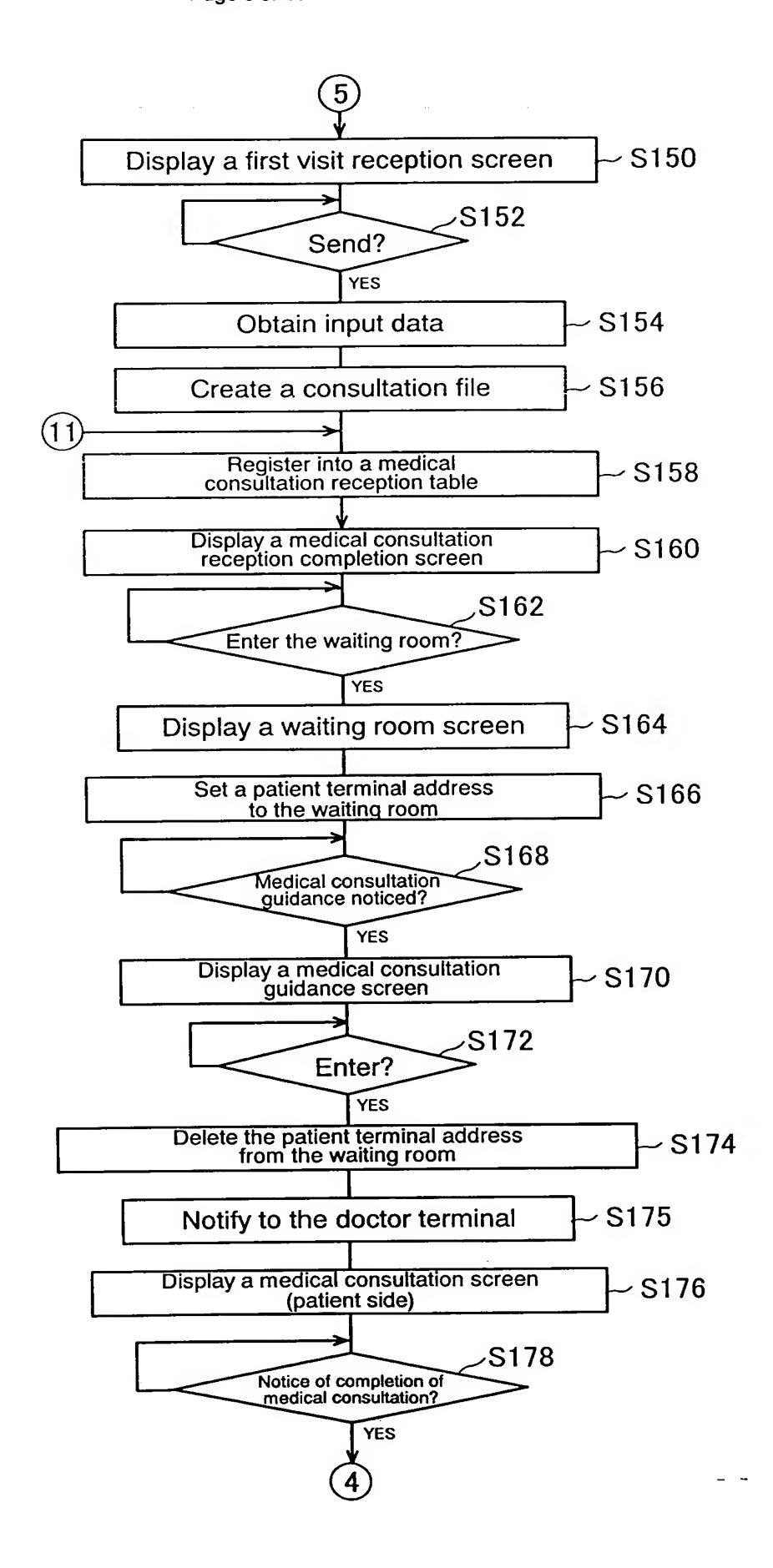


Fig. 8

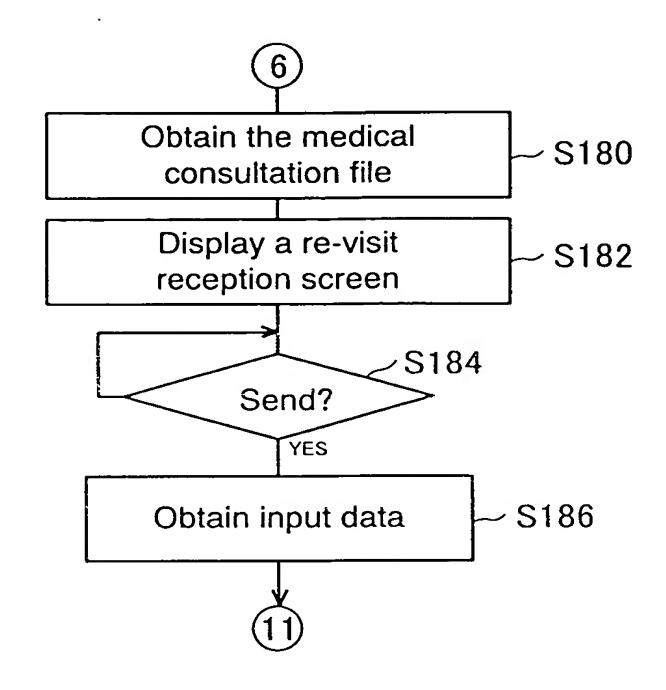


Fig. 9

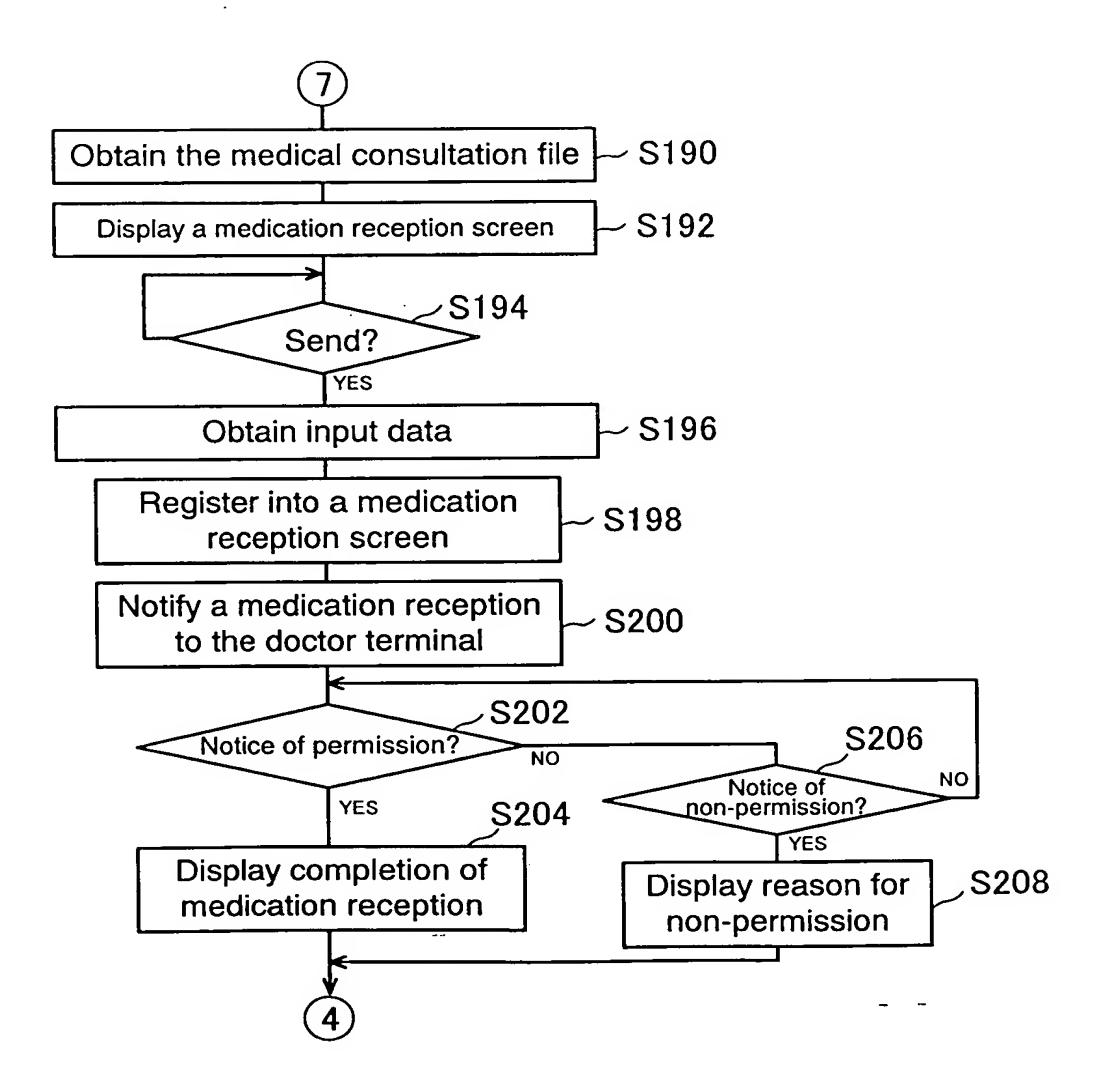


Fig. 10

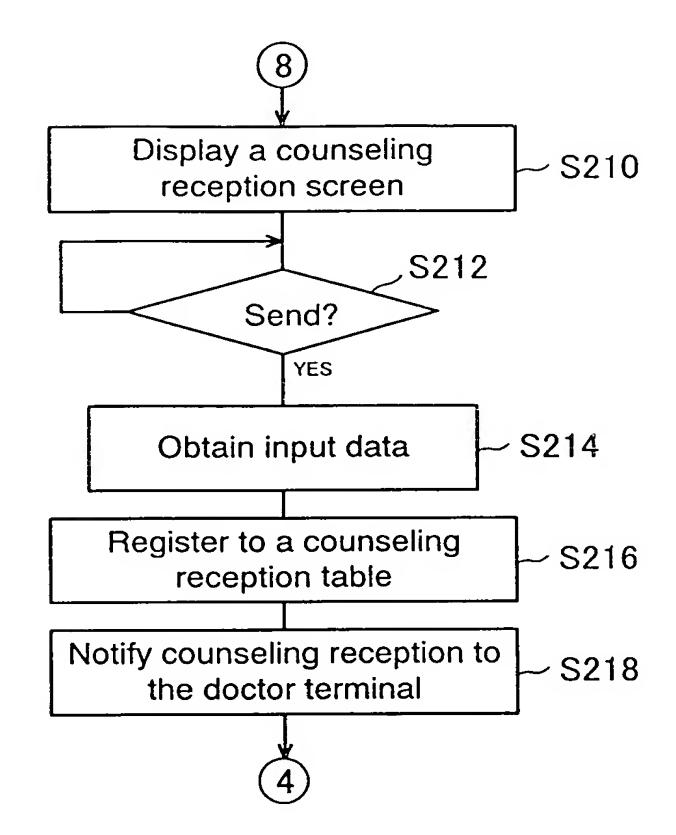


Fig. 11

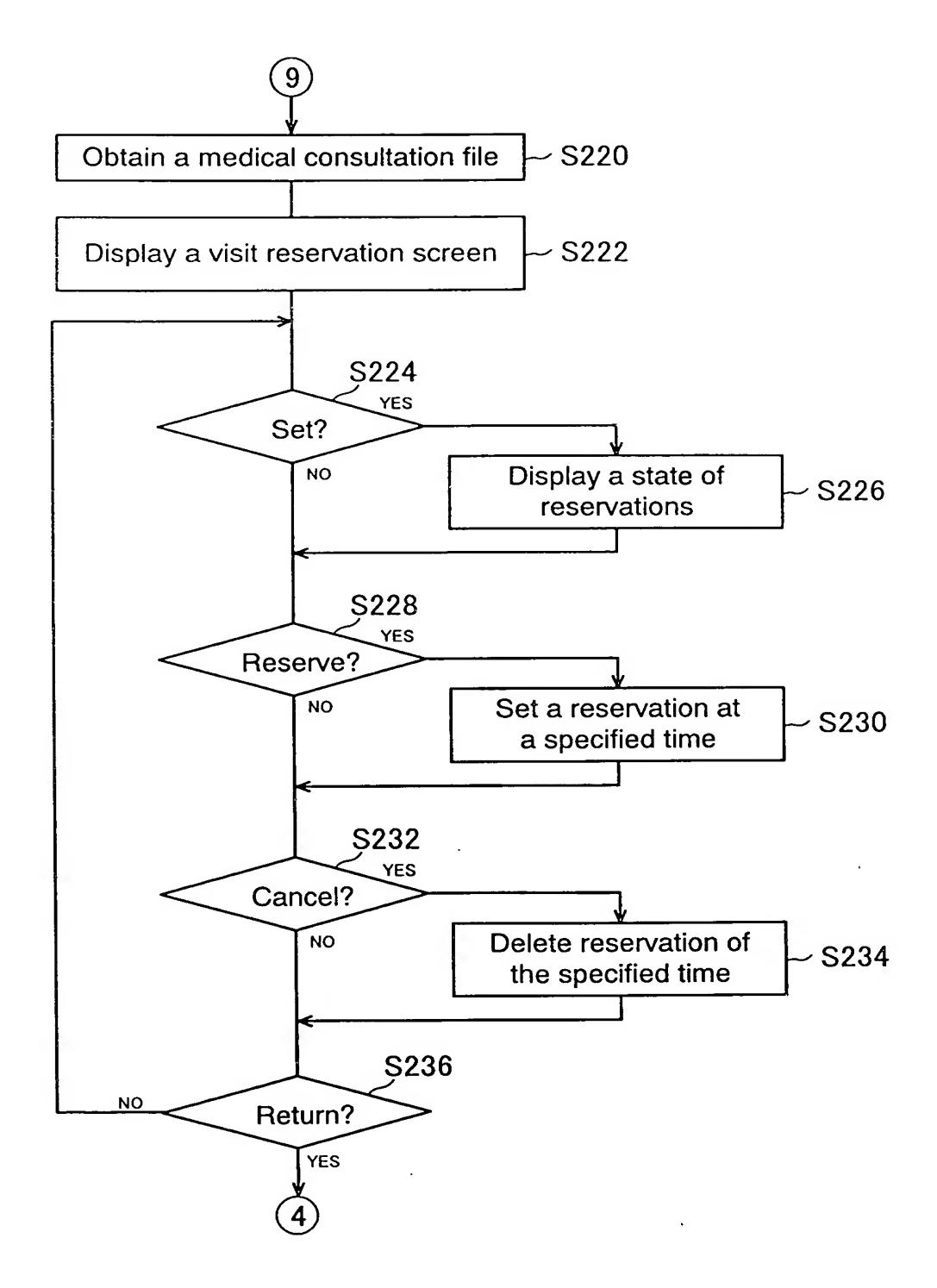


Fig. 12

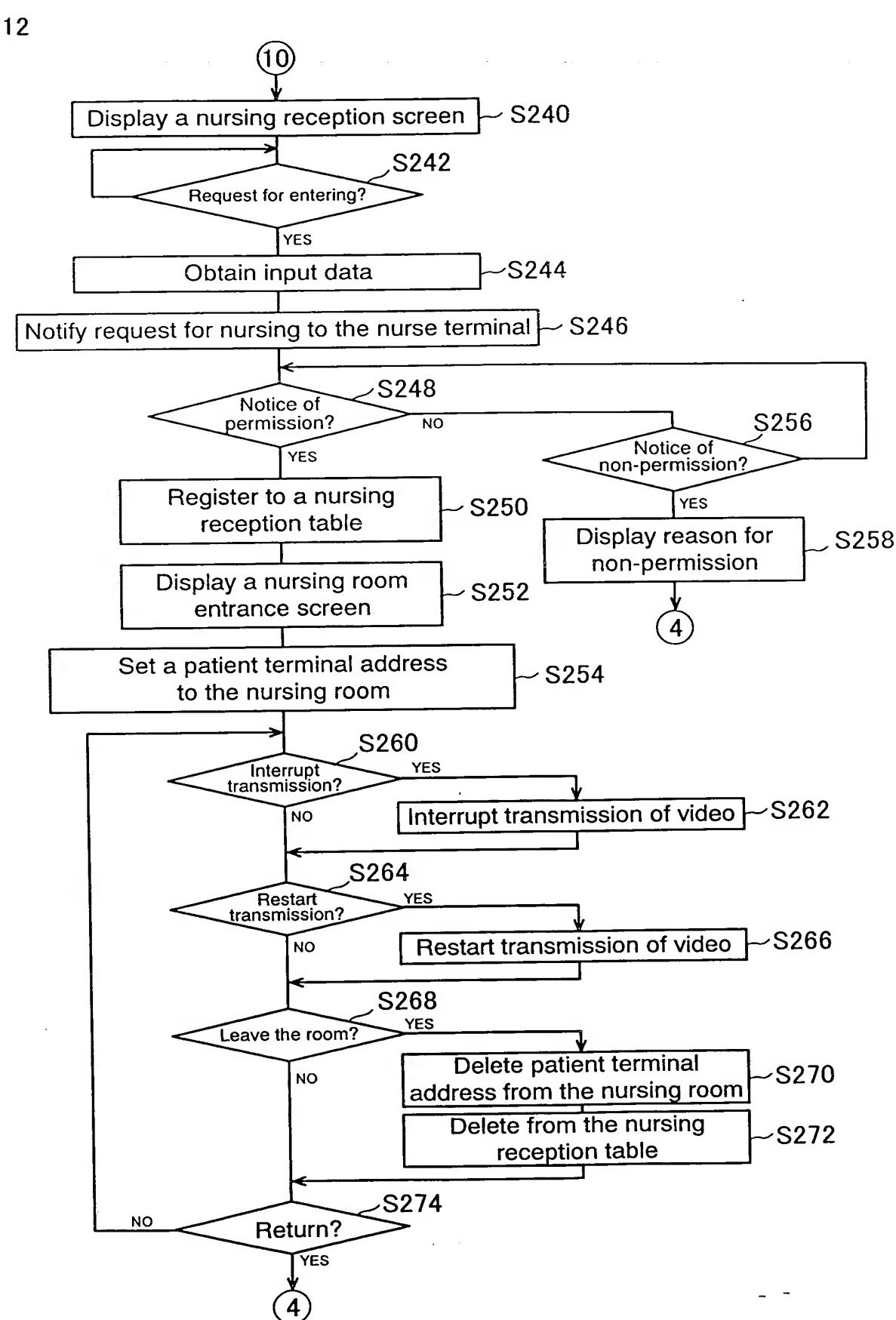


Fig. 13

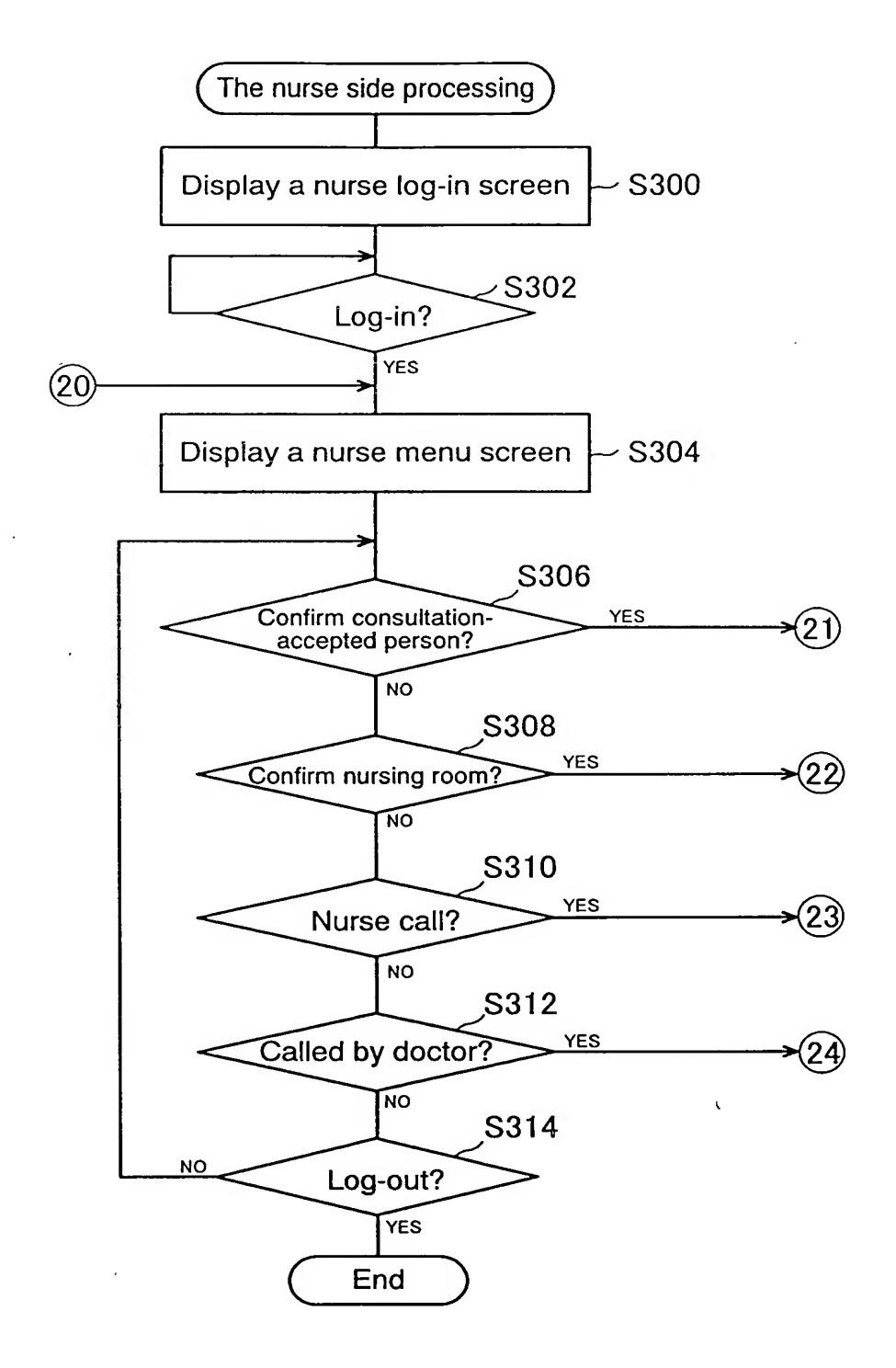


Fig. 14

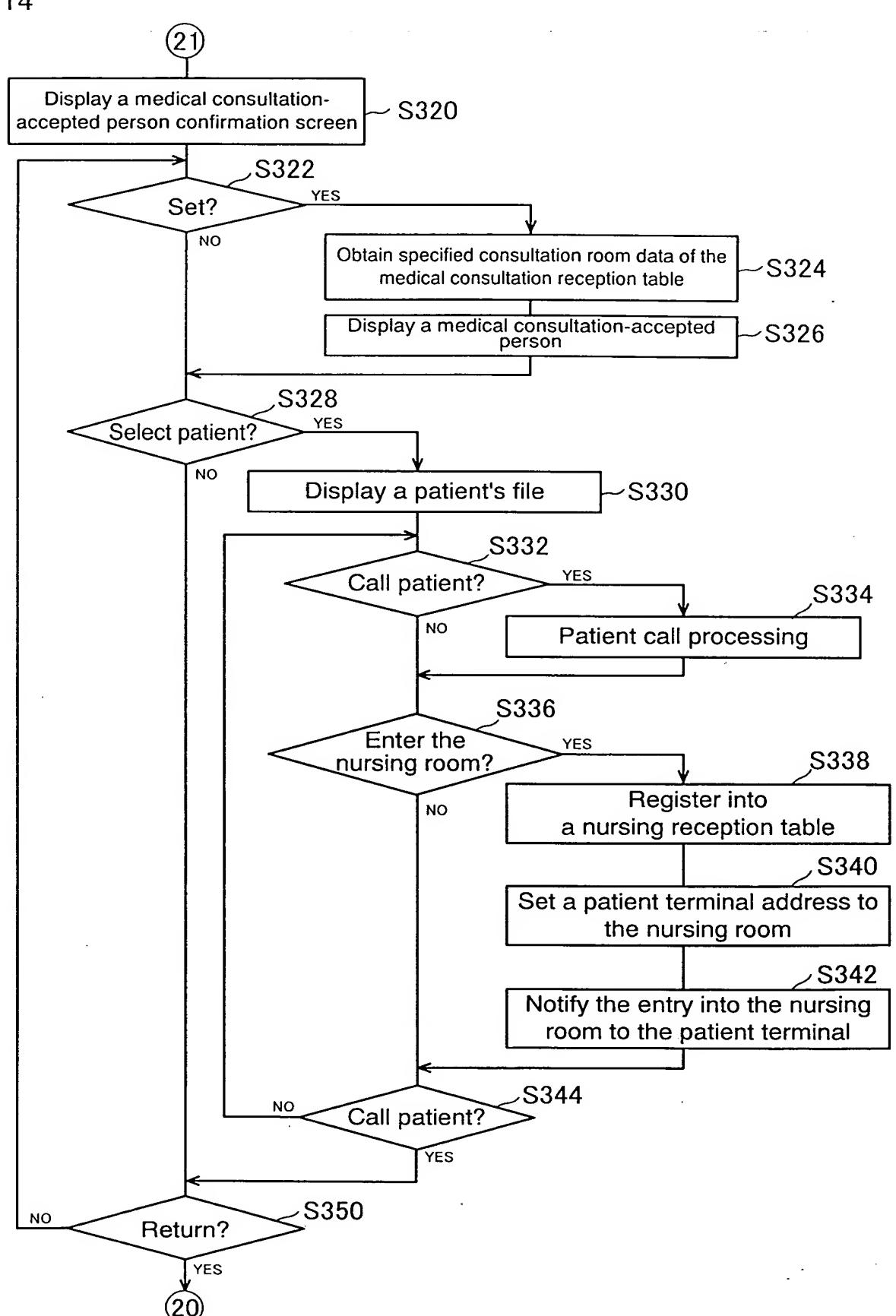


Fig. 15

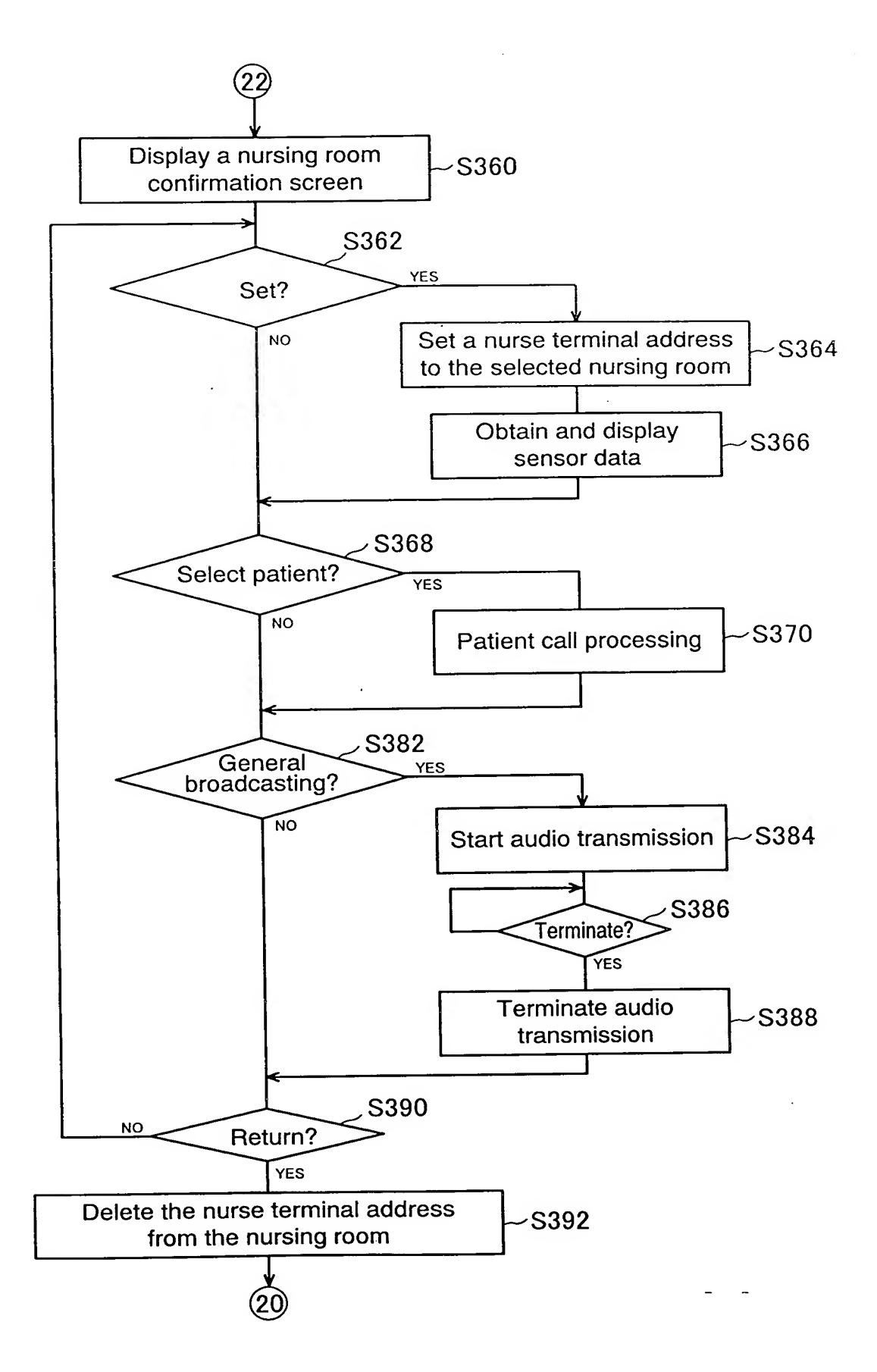


Fig. 16

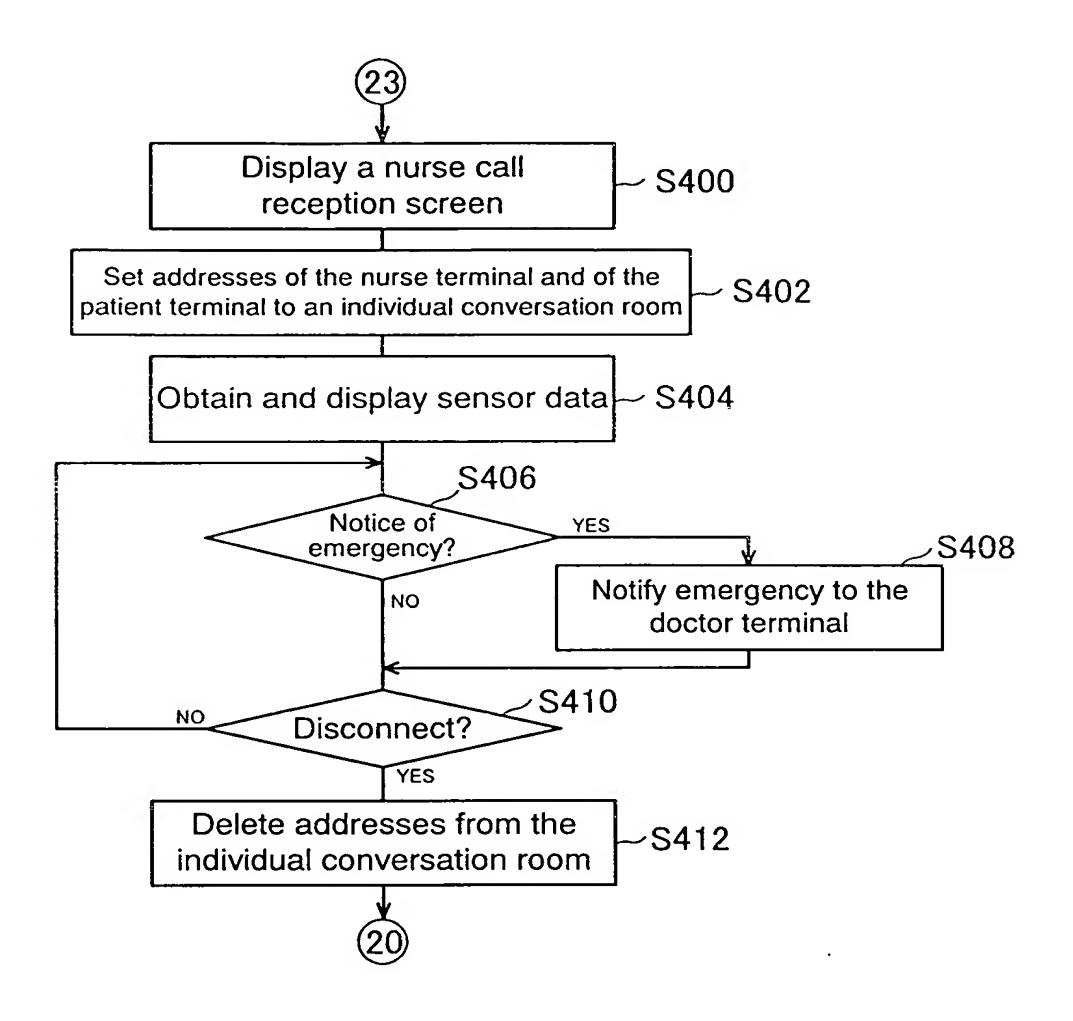


Fig. 17

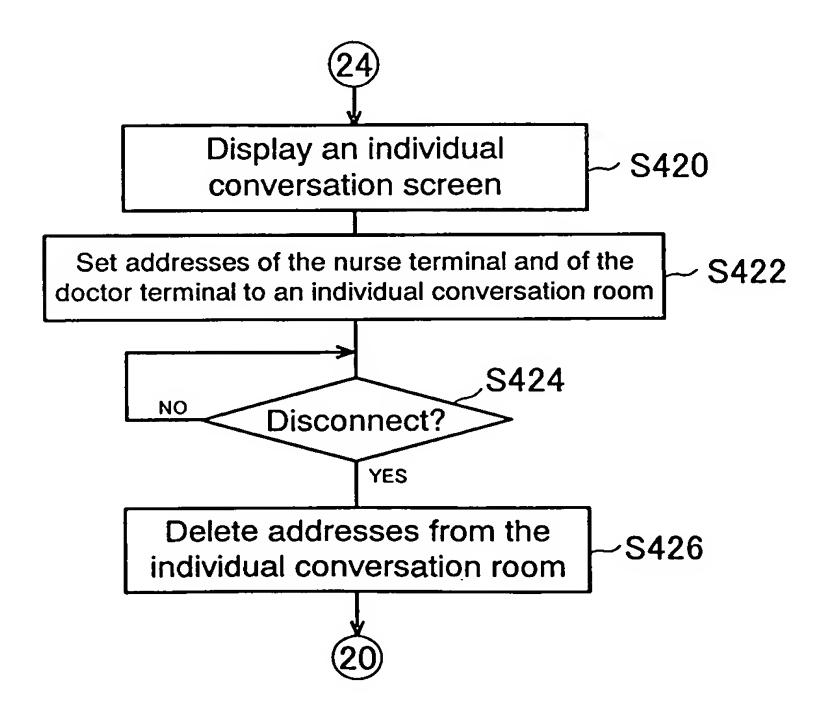


Fig. 18

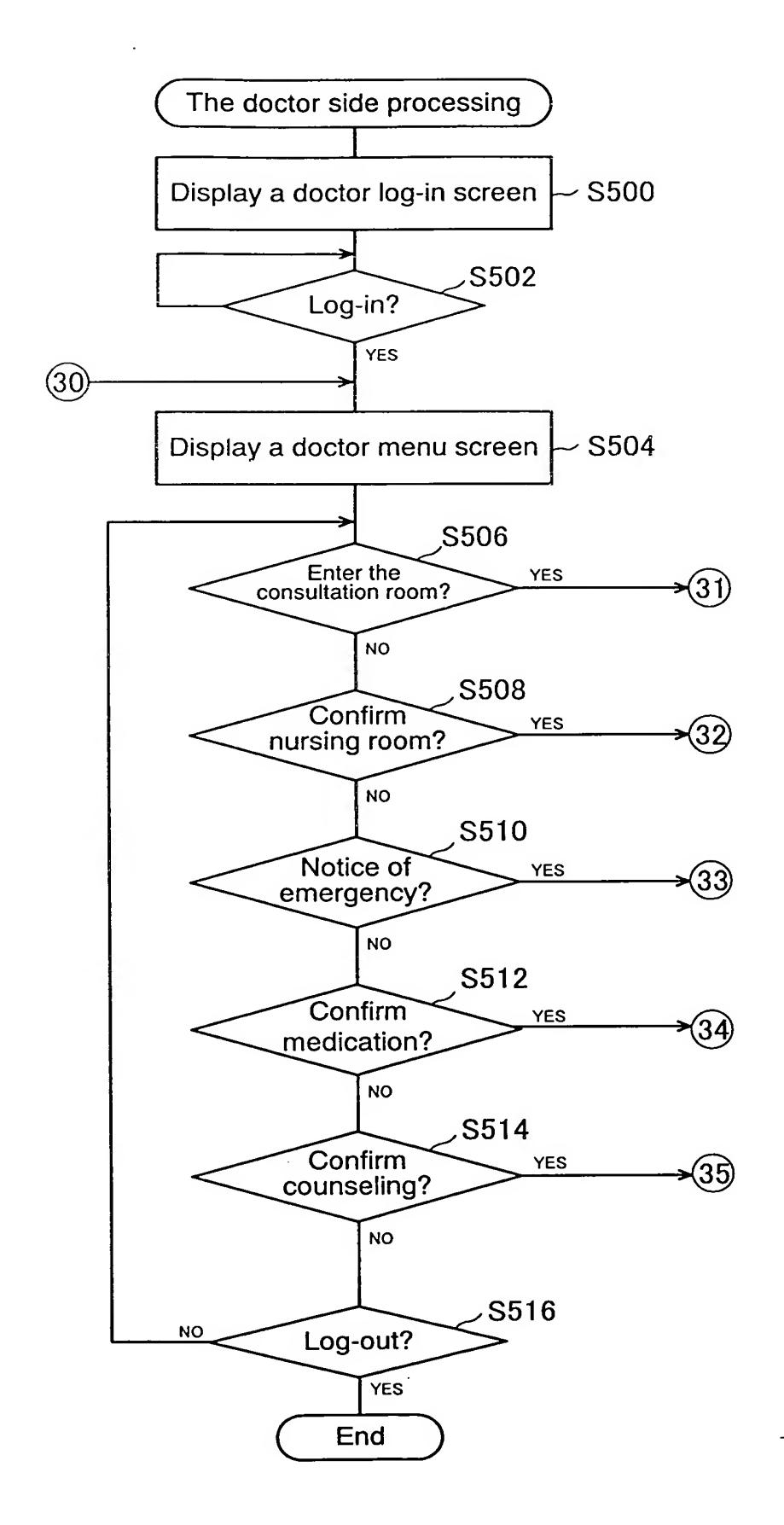


Fig. 19

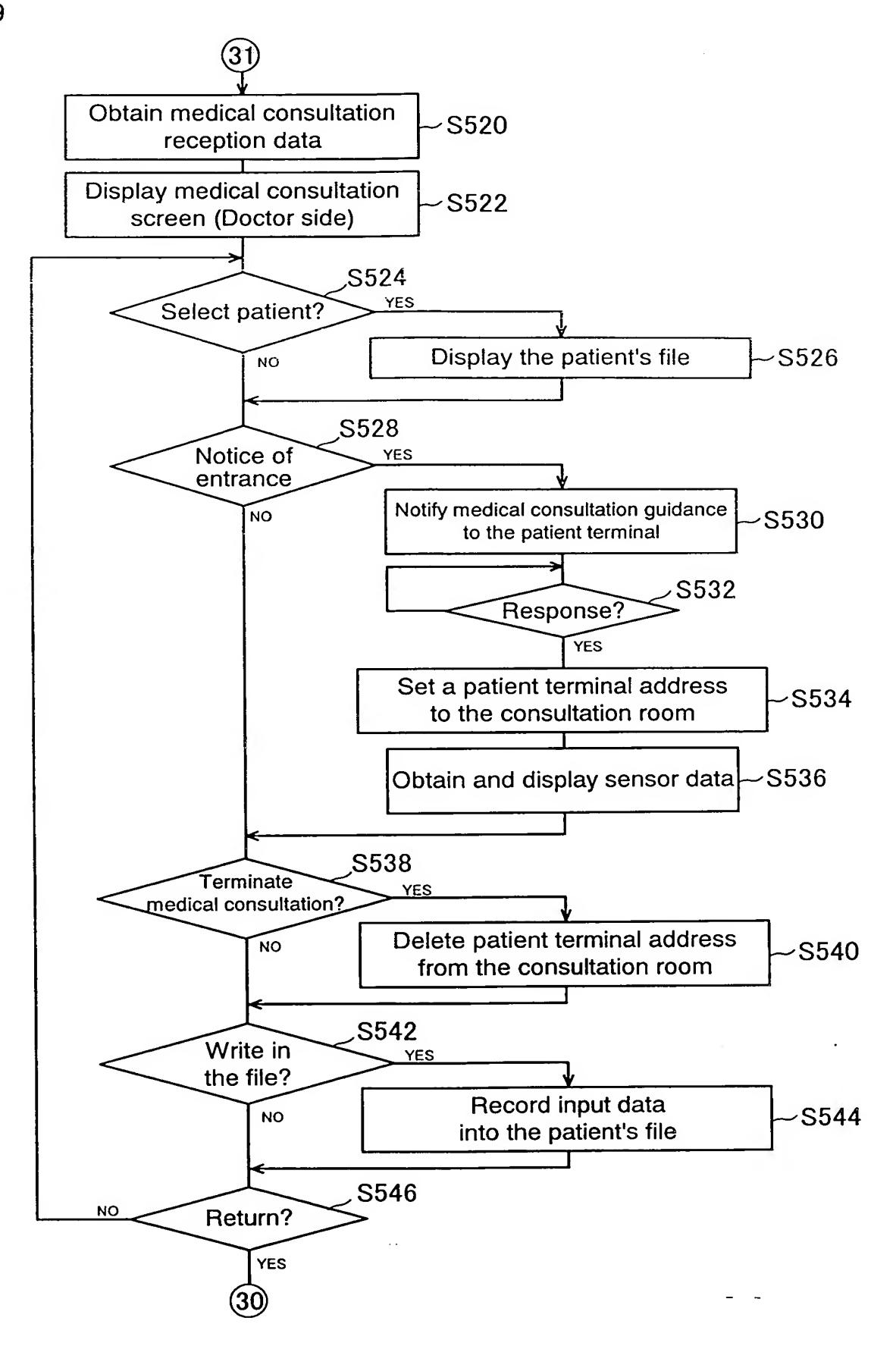
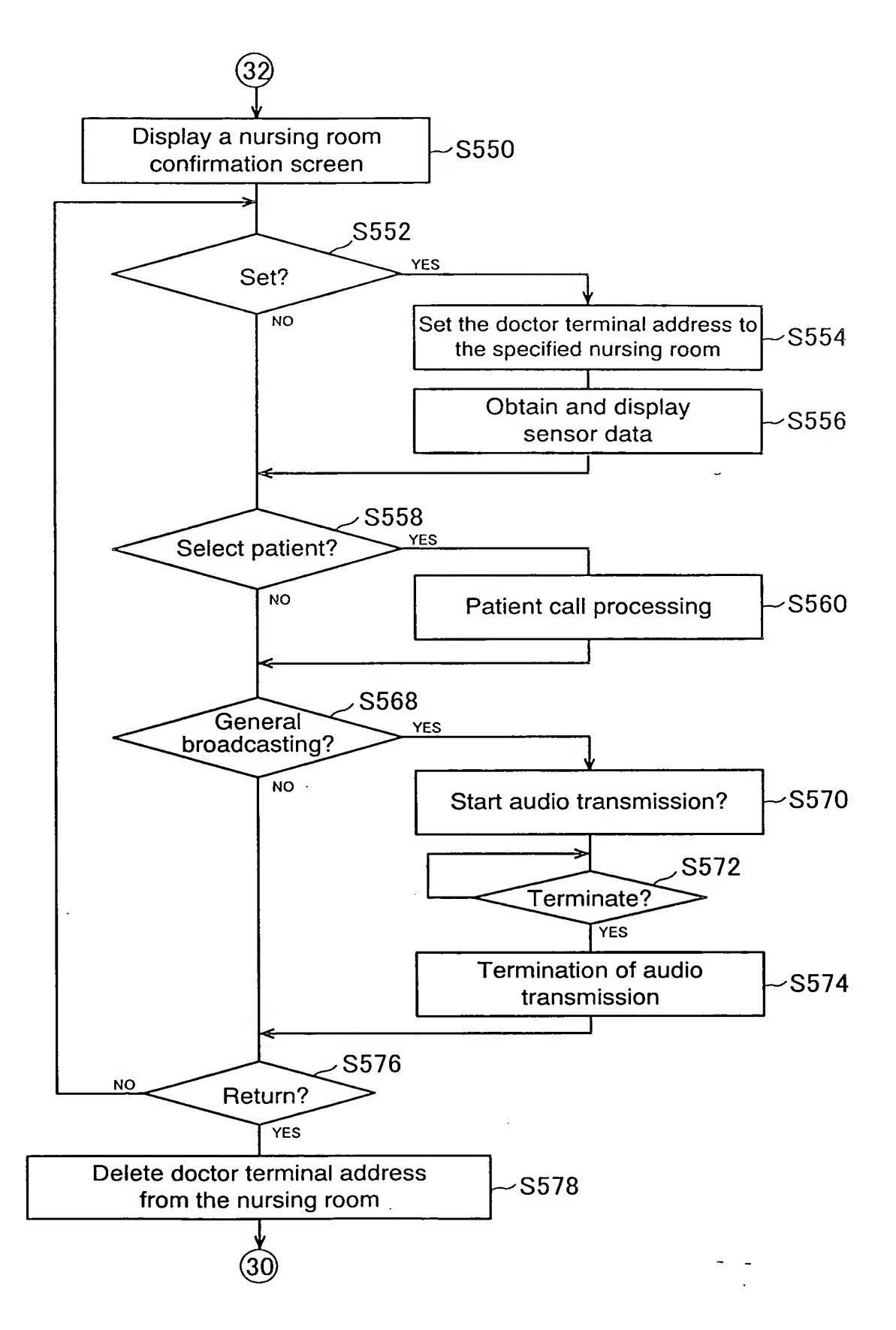


Fig. 20



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Fig. 21

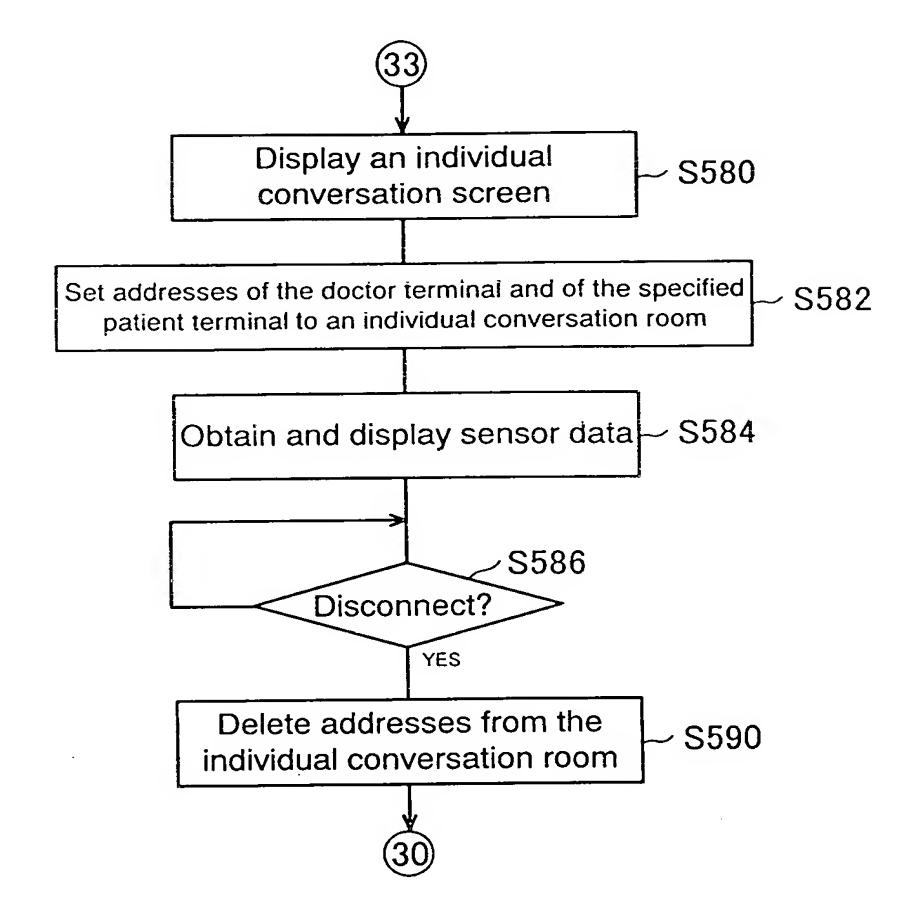


Fig. 22

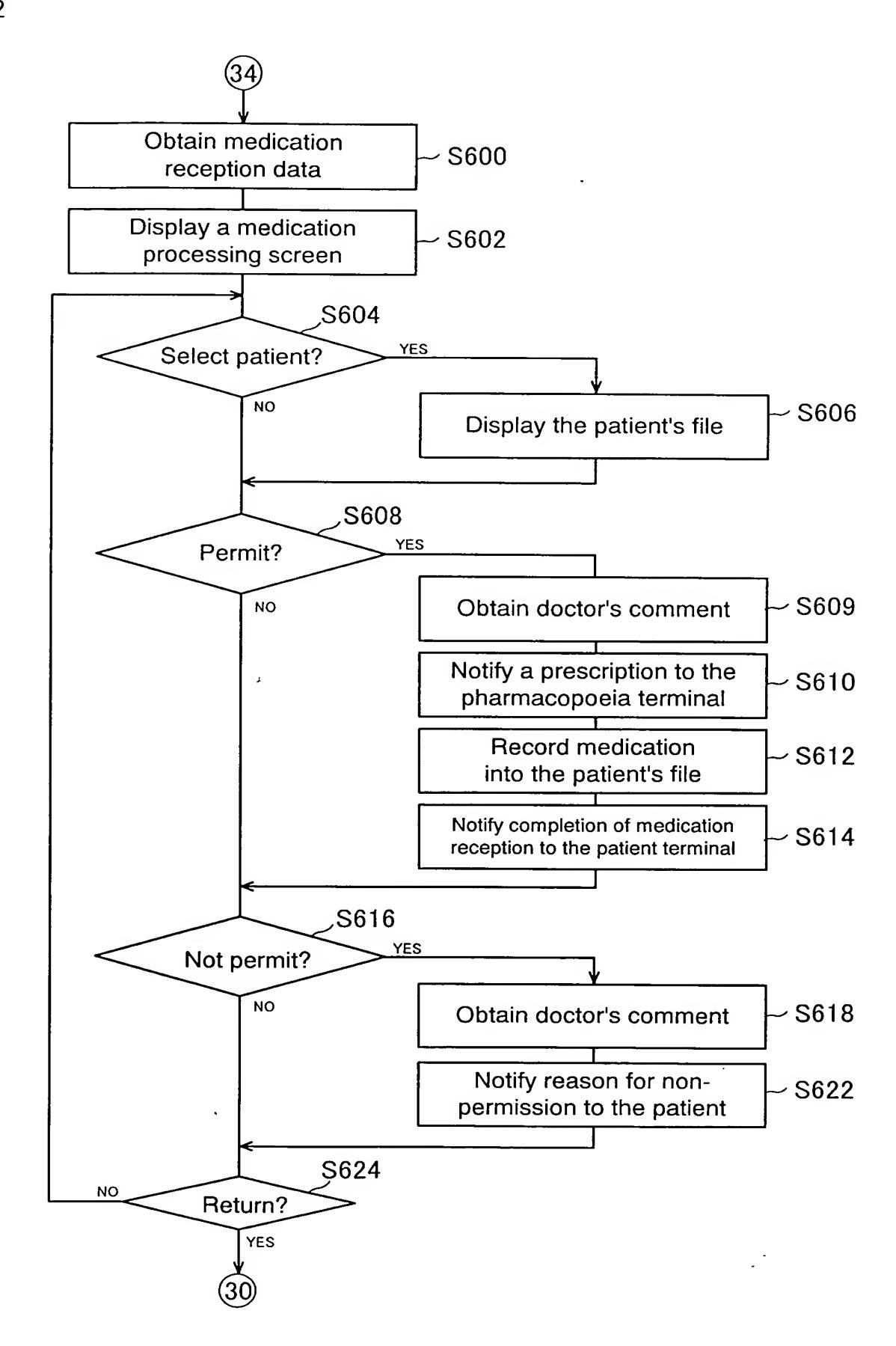


Fig. 23

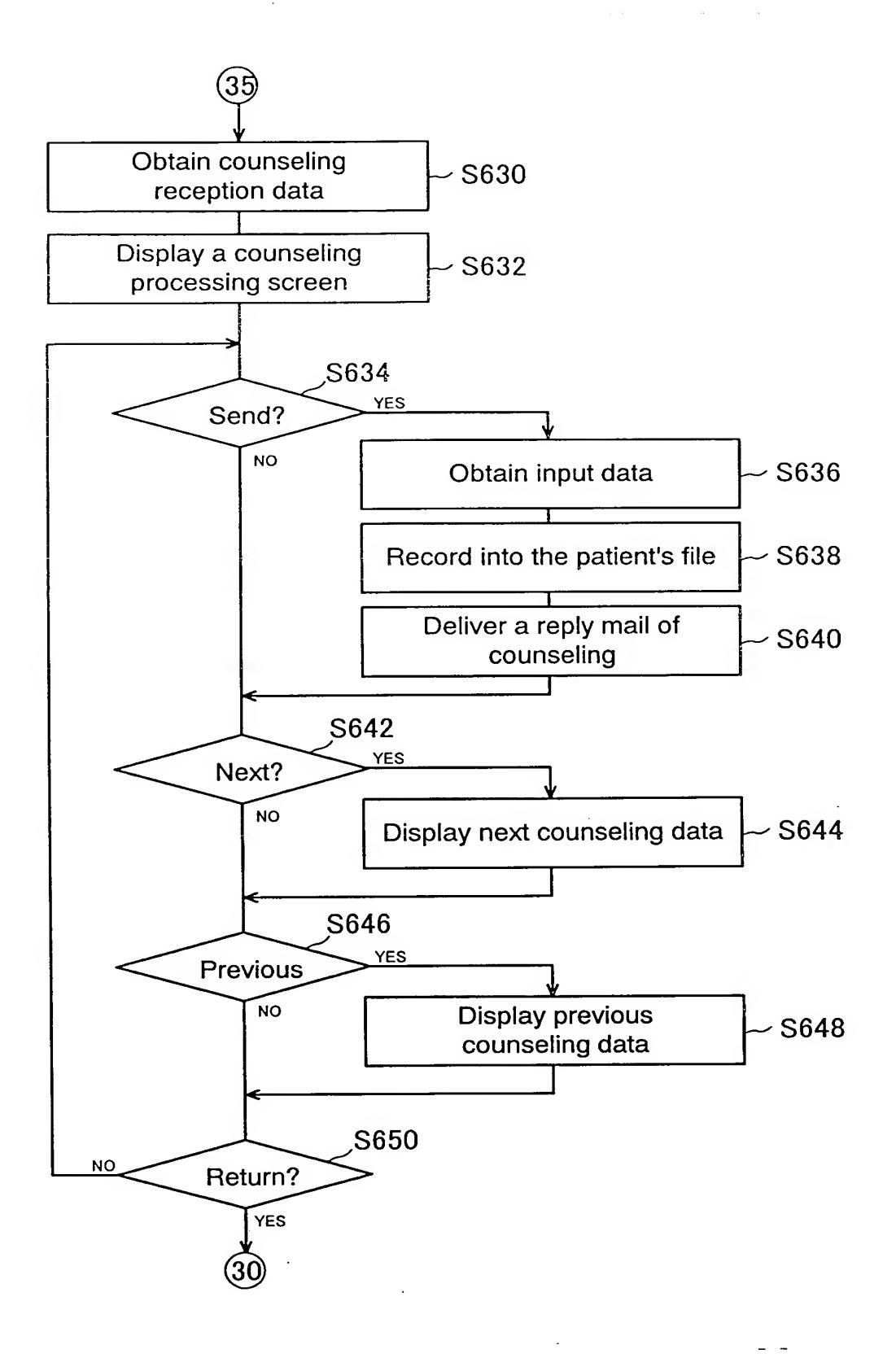


Fig. 24

PATIENT RECEPTION SCREEN	
Patient IDPassword	Click <u>here</u> for new registration
Log-in	Cancel
Nurse call	

Fig. 25

NEW REGISTRATION SCREEN						
Name						
Address						
Date of birth	□ year □ □ month □ □ day					
Sex	O Male O Female					
Insurance No.						
Tel. No.						
Person to be contacted in case of emergency						
Tel. No. of above person						
E-mail address						
Doctor in charge						
Anamnesis Name of di	sease When					
. Name of dis	sease When					
Name of dis	sease When					
Allergy O	No O Yes - Content					
Send	Reset Return					

Fig. 26

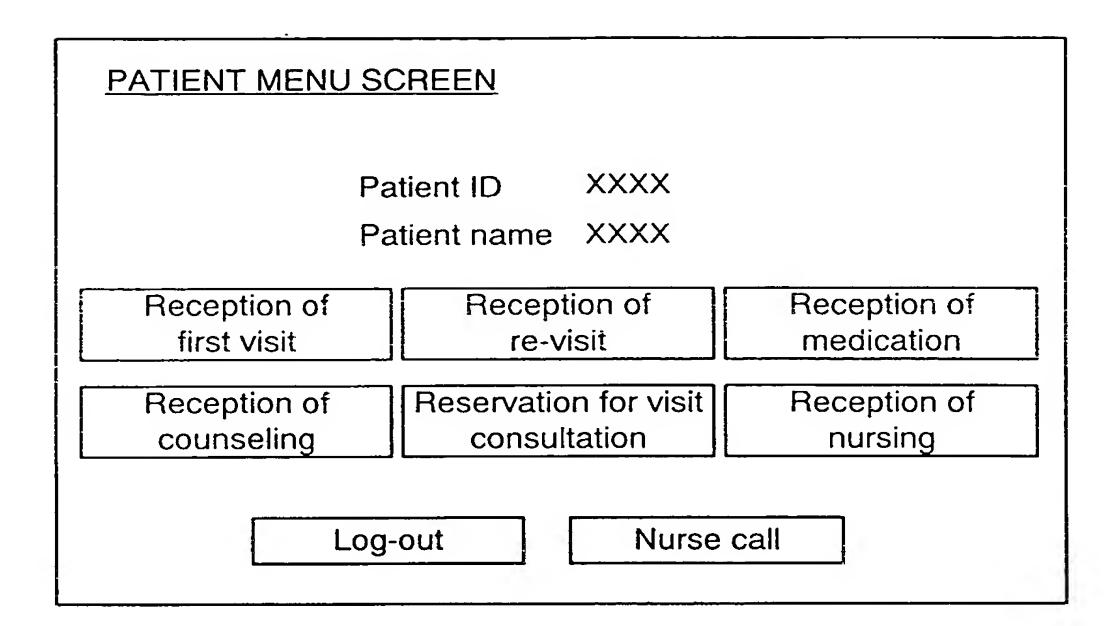


Fig. 27

TION SCREEN	Callr	eceptionist
XXXX		
XXXX		
sultation depart	ment	
Surgery	O Orthopedic	s O Dermatology
Gynecology	O Pediatrics	O Psychiatry
Otolaryngology	O Dentistry	
		<u> </u>
O Normal	O Bad	
O Normal	O Bad	
		ft ONormal ck stool OBloody stool
days)		31001
day) •	Beer (bo	ttles a day)
es a day)		
Retur	n Nu	rse call
	XXXX Sultation depart Surgery Gynecology Otolaryngology O Normal O Normal O Normal O H days) O H days) day cs a day)	XXXX Sultation department Surgery Onthopedic Gynecology Opediatrics Otolaryngology Opentistry Onormal Ono

Fig. 28

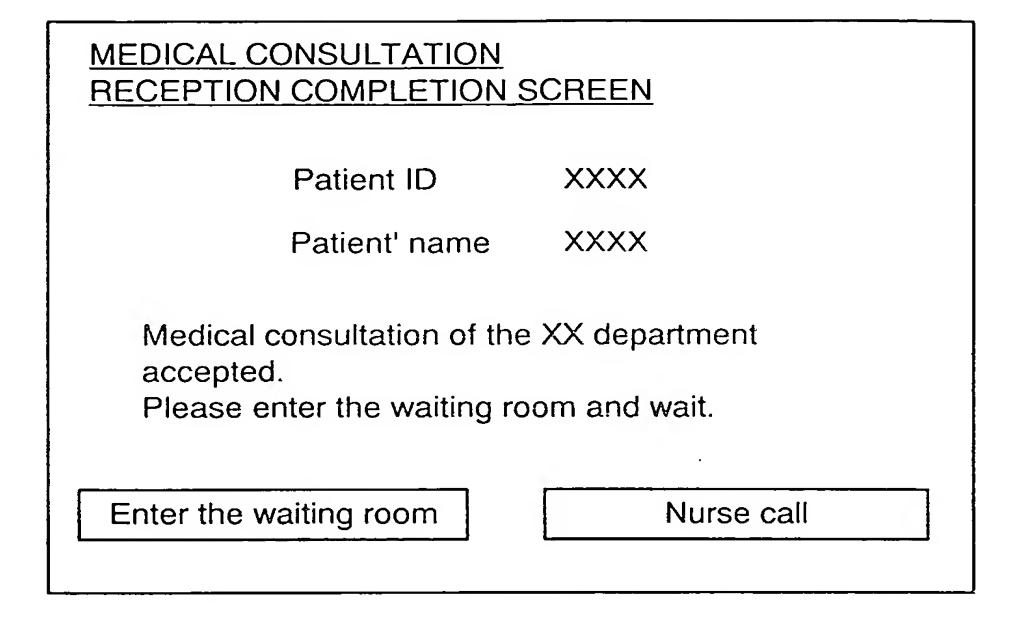


Fig. 29

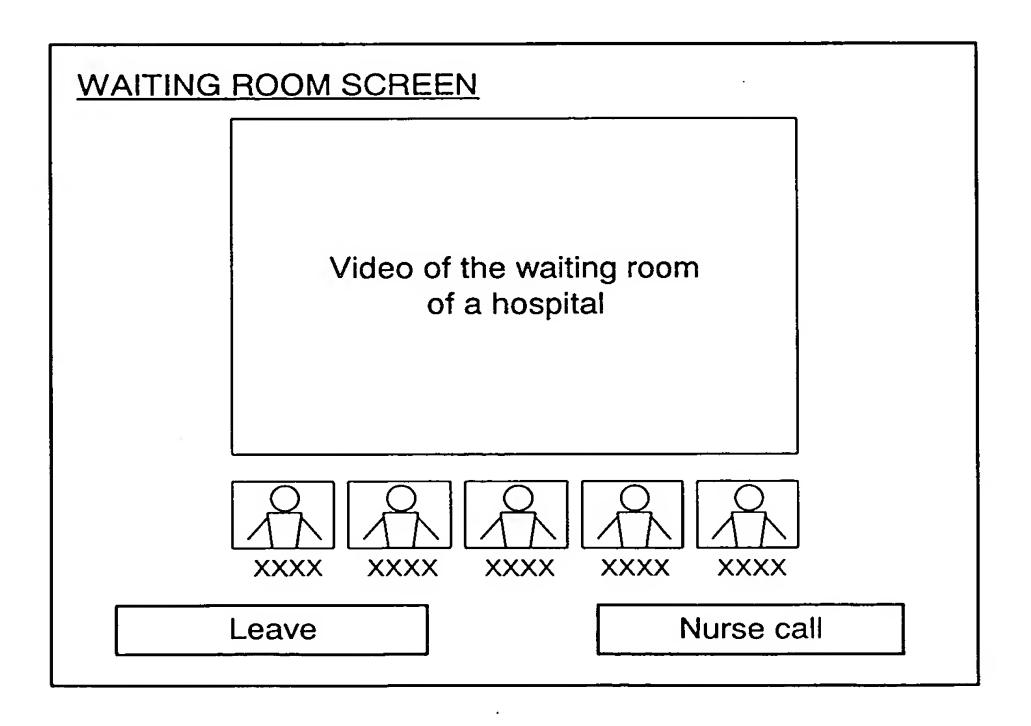


Fig. 30

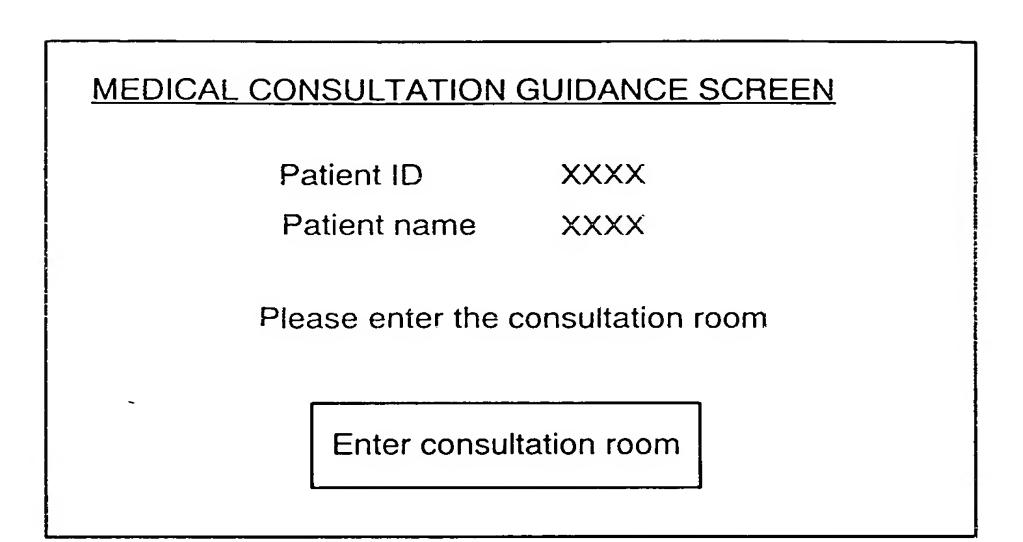
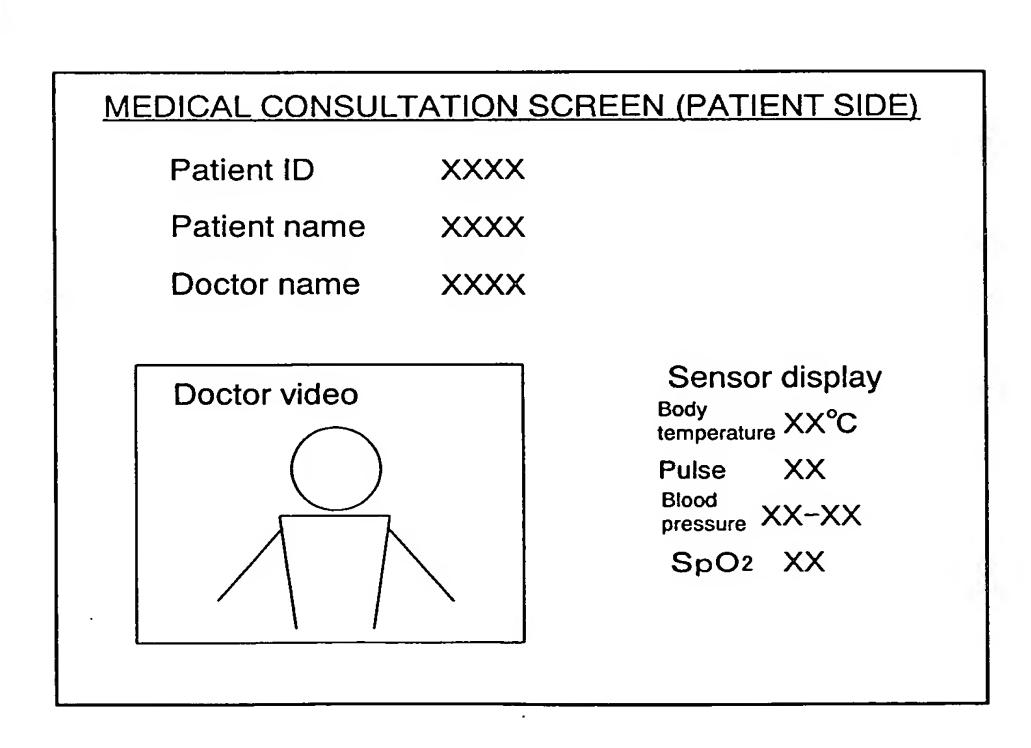


Fig. 31



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Fig. 32

RE-VISIT RECEPTION SCREEN Call receptionist					
Patient ID	XXXX .				
Patient name	XXXX				
Select medical cor	nsultation dep	partment			
O Internal medicine O Dentistry					
Rational symptoms (Write if any)					
Send	Return	Nurse call			

Fig. 33

MEDICATION RECE	PTION SCREE	Call receptionist					
Patient ID	XXXX						
Patient name	XXXX						
Select medical c	onsultation iten	n					
O Inter	O Internal medicine O Ophthalmology						
Rational symptoms (Write if any)							
Send	Return	Nurse call					

Fig. 34

COUNSELING RE	CEPTION SC	REEN Call re	eceptionist
Patient ID Patient name	xxxx		
Select medical c O Internal medicine		partment O Orthopedics	○ Dermatology
Urology	O Gynecology	O Pediatrics	OPsychiatry
Ophthalmology	Otolaryn- gology	O Dentistry	
O Not sure			
Content of cou	nseling		•
		•	▼ .
Send	Retu	rn Nu	ırse call

Fig. 35

VISIT RESERVATION SCREEN	N Call receptionist					
Patient ID XXXX						
Patient name XXXX	×					
Select medical consultation Internal medicine	item O Dentistry					
Date □ □ □ month	□ day Set					
State of reservation Consultation room (doctor) 9	10 11 12 13 14 15 16 17					
First(XXXX)						
Second(XXXX)						
Third(XXXX)						
Reservation : Reservation : Reserved : not permitted : permitted : : : : : : : : : : : : : : : : : : :						
Reserve Cancel	Return Nurse call					

Fig. 36

NURSING RECEPTION SCREEN Call receptionist
Patient ID XXXX Patient name XXXX
Rational symptoms (Write if any)
Request for entering nursing room
Return Nurse call

Fig. 37

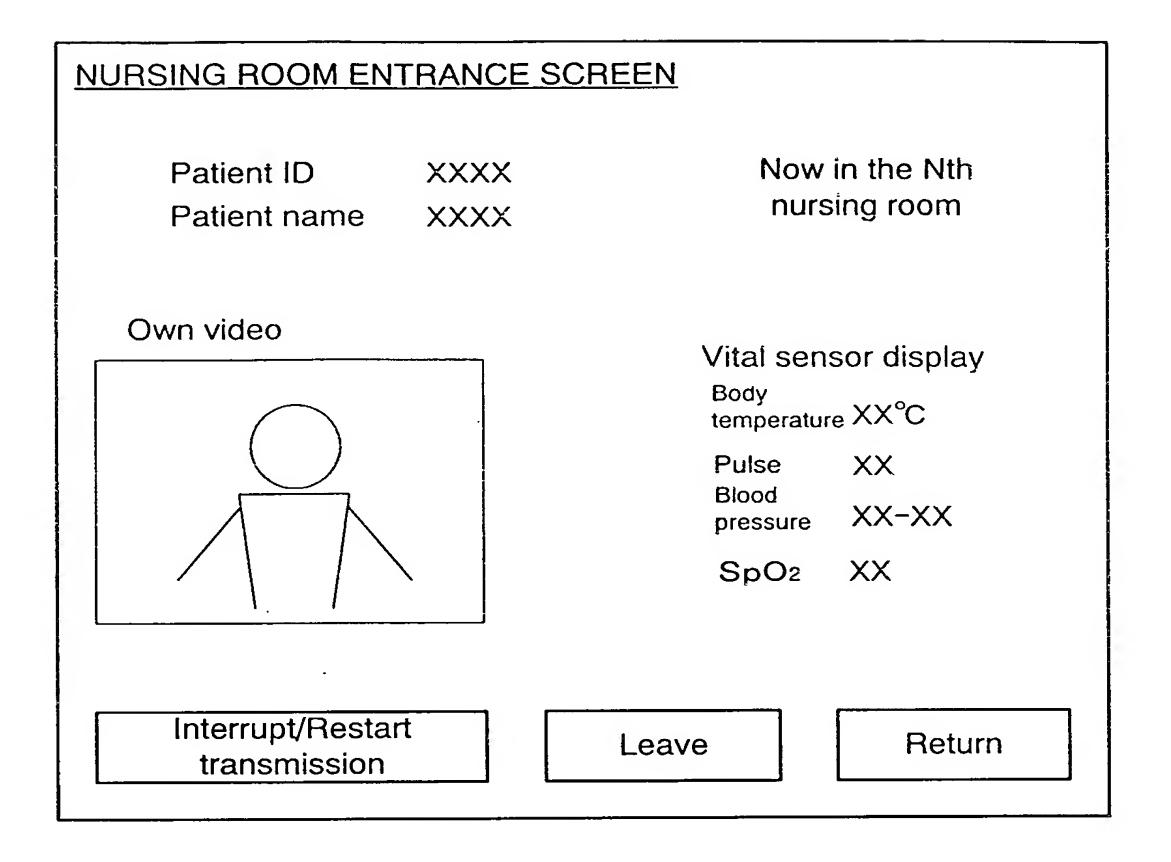


Fig. 38

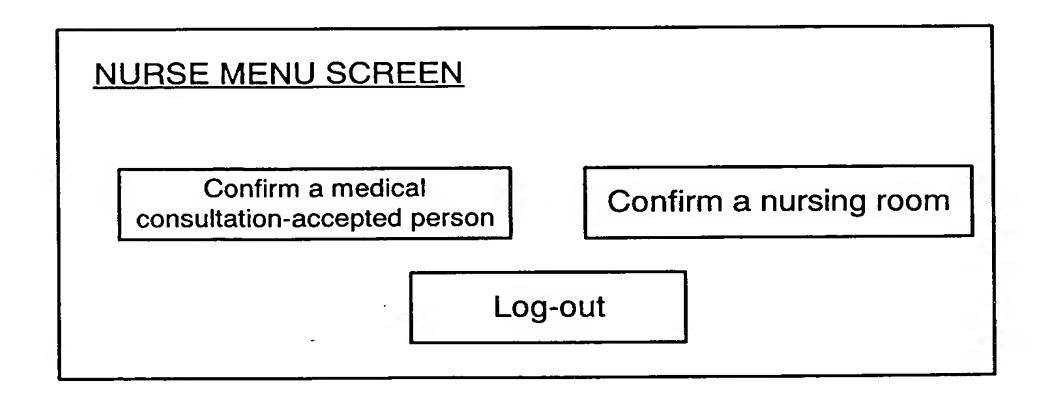


Fig. 39

		TATION-ACC			Call	doctor	
Select consultation room					Set		
X year	X month X da	ay				Iltation room s in charge)	
No.	Patient ID	Patient	Received at		ication At-	Status	
		name		Visit	home		
1	XXXX	XXXX	XX:XX	0		Finished (at XX:XX)	
2	XXXX	XXXX	XX:XX		0	Finished (at XX:XX)	
3	XXXX	XXXX	XX:XX	0		under consultation	
4	XXXX	XXXX	XX:XX	0			
5	XXXX	XXXX	XX:XX		0		
•							
							∇
			Return				

Fig. 40

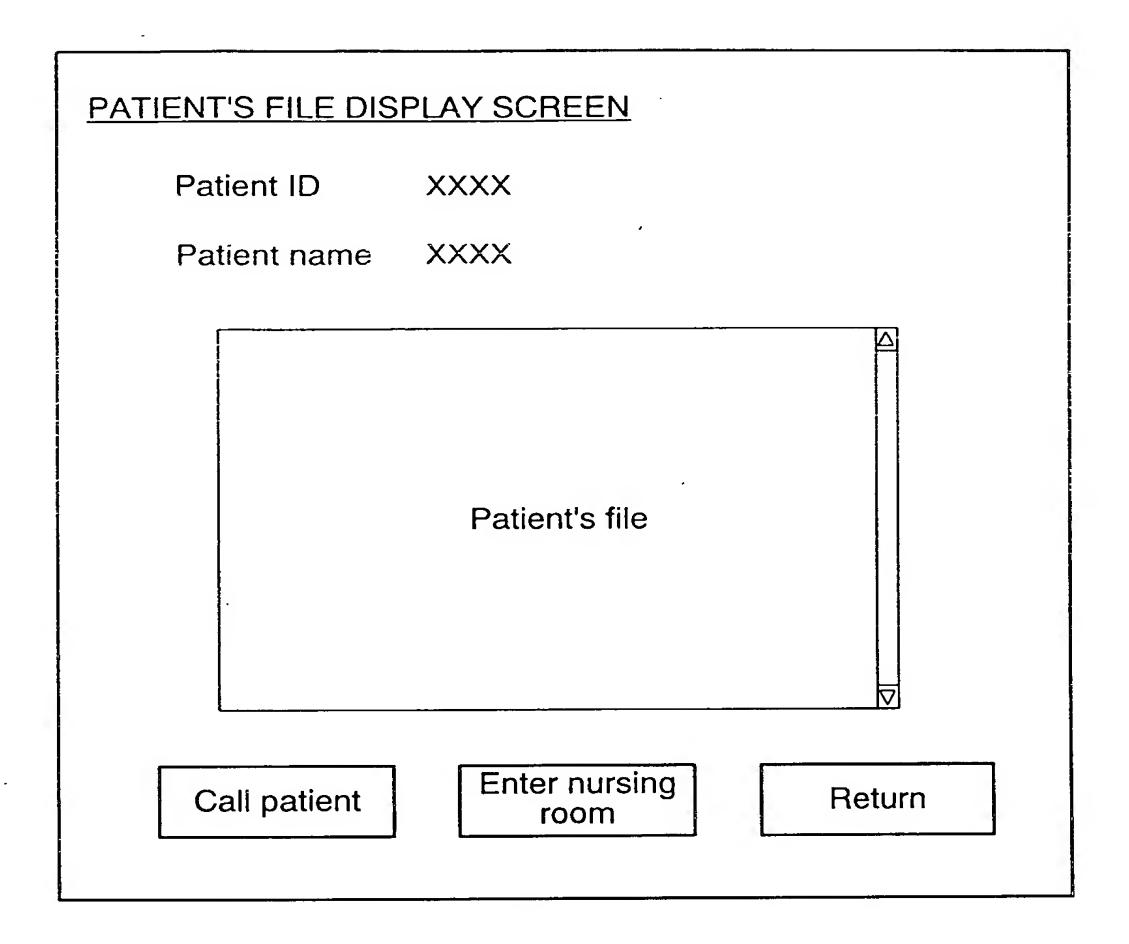


Fig. 41

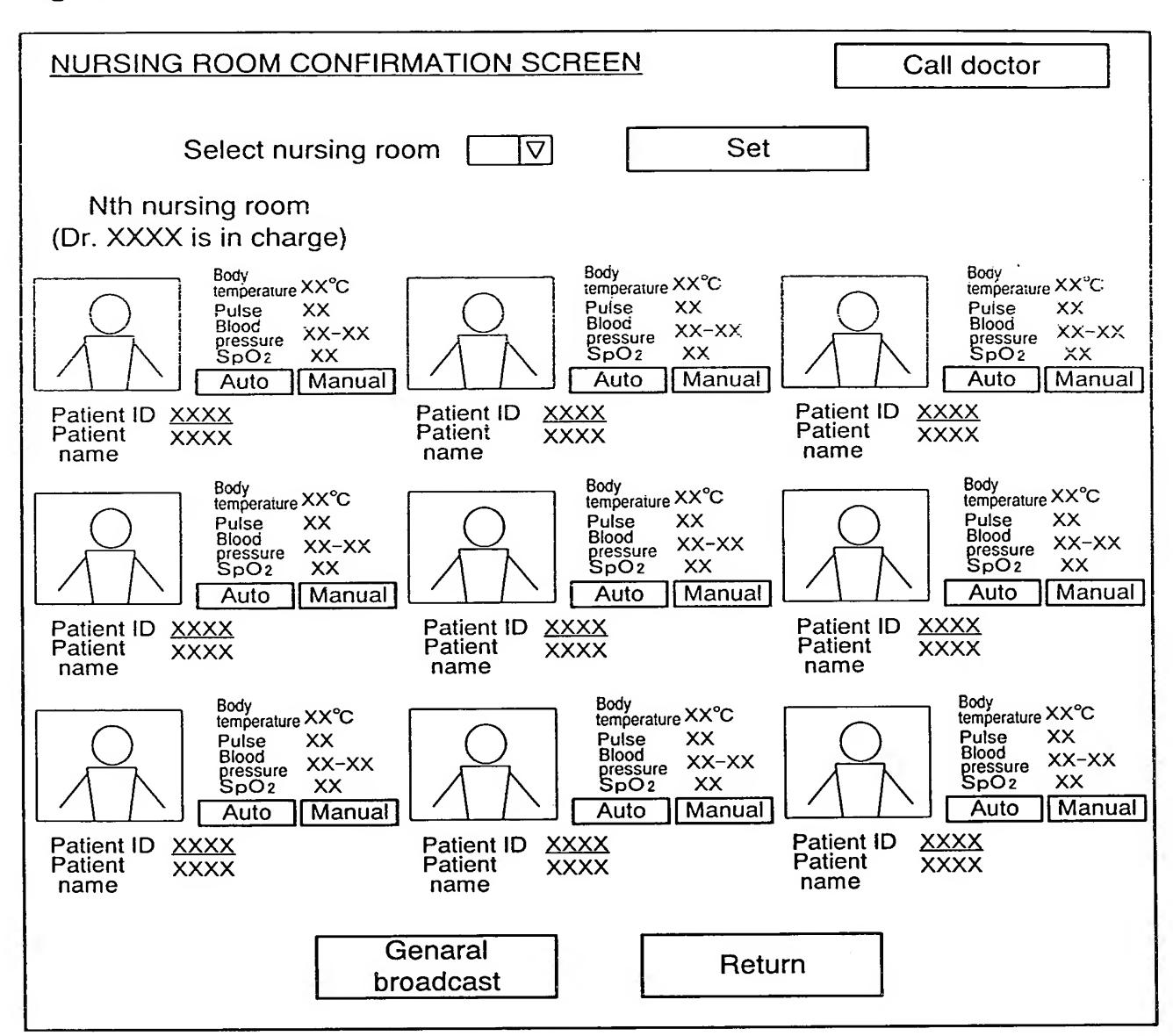


Fig. 42

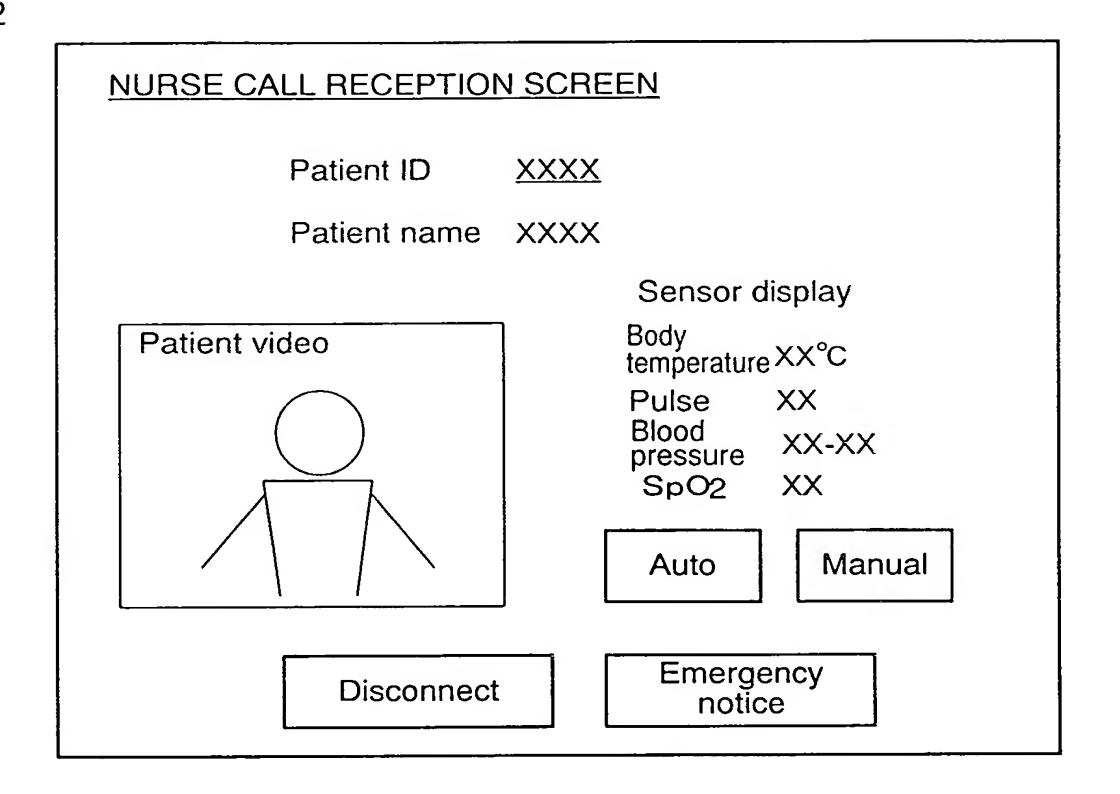


Fig. 43

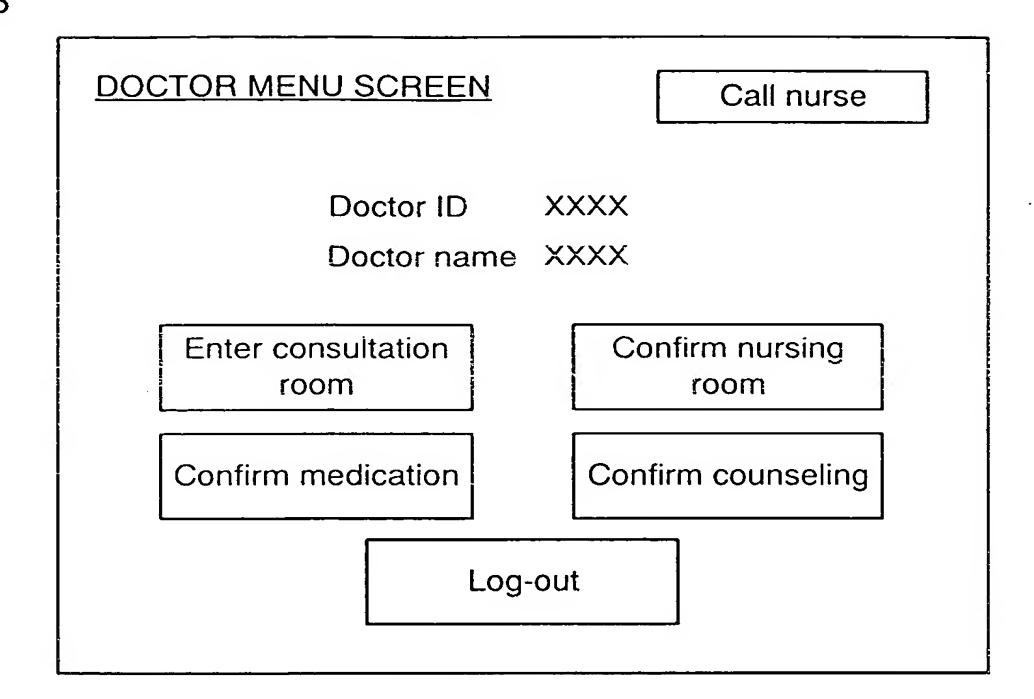


Fig. 44

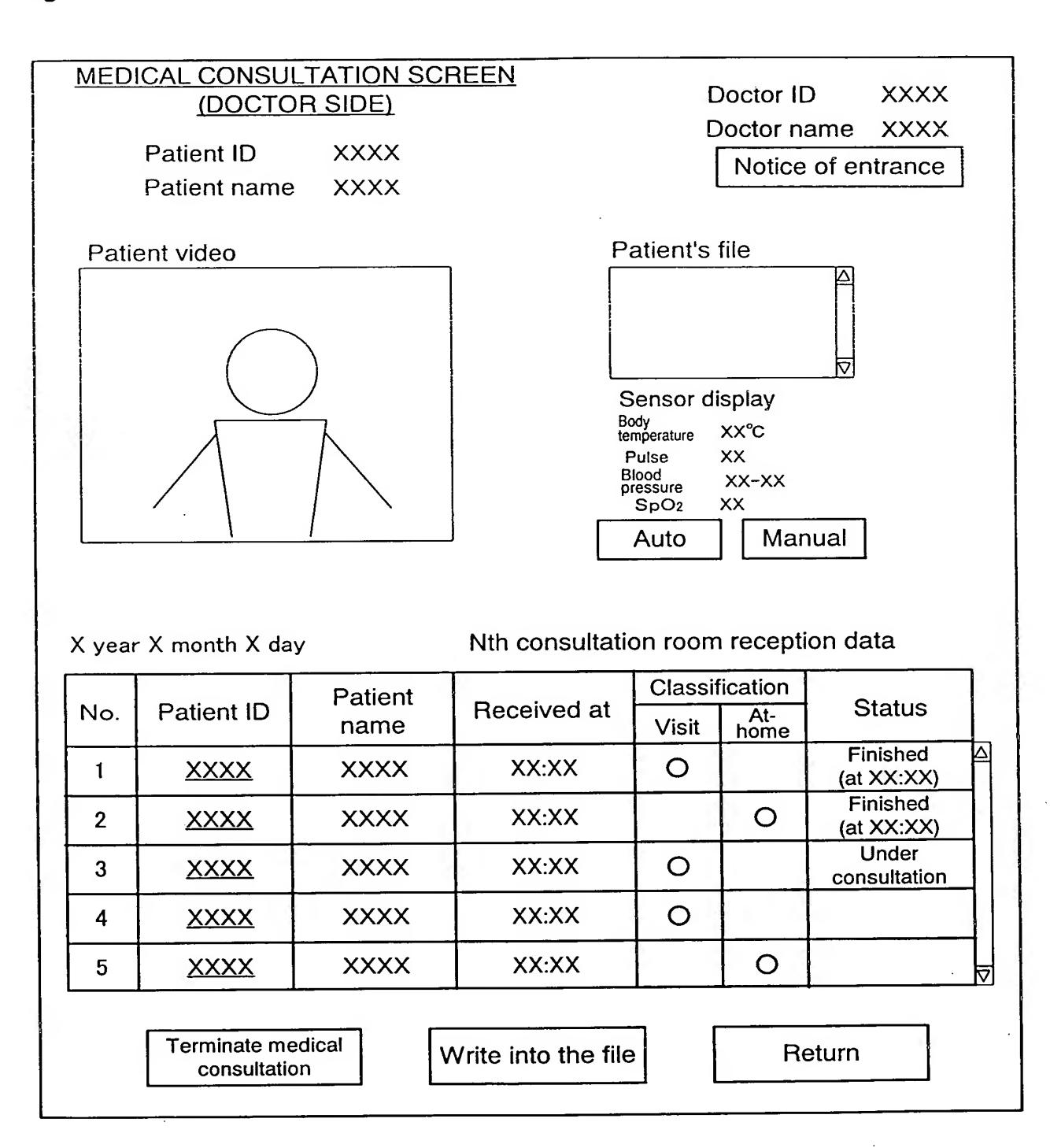


Fig. 45

	Doctor's ID XXXX Doctor's name XXXX
Patient ID XXXX	
Patient name XXXX	
Date of counseling X year X month X da	ay X Oʻclock X min.
Content of counseling	
Entry of reply	
	<u>∆</u> ∇
Send	set
Next Previous	Return

Fig. 46

REPLY MAIL OF COUNSELING
Patient ID XXXX Patient name XXXX
Date of counseling X year X month X day X o'clock X min.
Doctor who replied YYYY
Date of reply X year X month X day X o'clock X min.
Content of counseling
Content of reply
Return

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Fig. 47

MED	ICATION PRO	CESSING S	CREEN		octor ID octor na	XXXX me XXXX	
X year	r X month X day	Medication	on reception data	ì			
No.	Patient ID	Patient name	Received at	Classif Visit	ication At- home	Status	
1	XXXX	XXXX	XX:XX	0		Finished (at XX:XX)	
2	XXXX	XXXX	XX:XX		0	Finished (at XX:XX)	
3	XXXX	XXXX	XX:XX	0			
4	XXXX	XXXX	XX:XX	0			
5	XXXX	XXXX	XX:XX		0		abla
	Entry of doctor's comment						
	Permit		Not permit			Return	